Lessons Learned from Iowa: Integrating Primary Care and Behavioral Health Care

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CENTER OF EXCELLENCE for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

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Today's Moderator

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About PCDC

PCDC provides capital financing, expertise, and advocacy to expand primary care access and advance health equity in communities that need it most.

Primary Care Development Corporation

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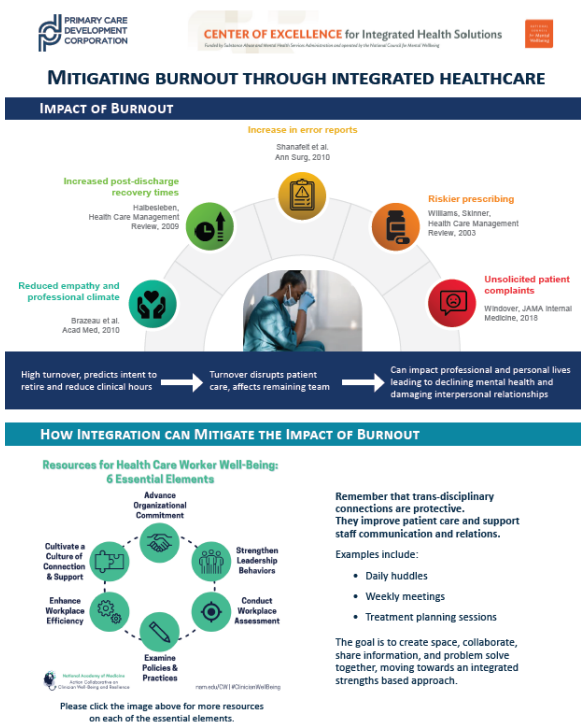
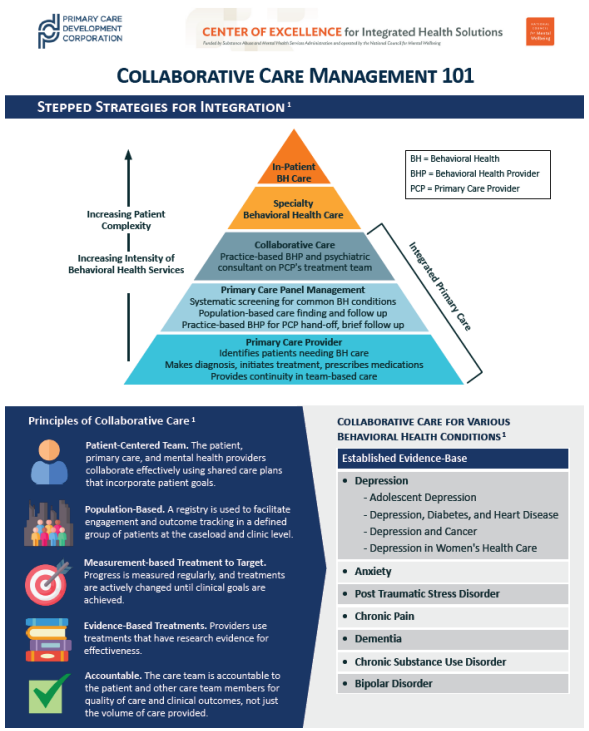
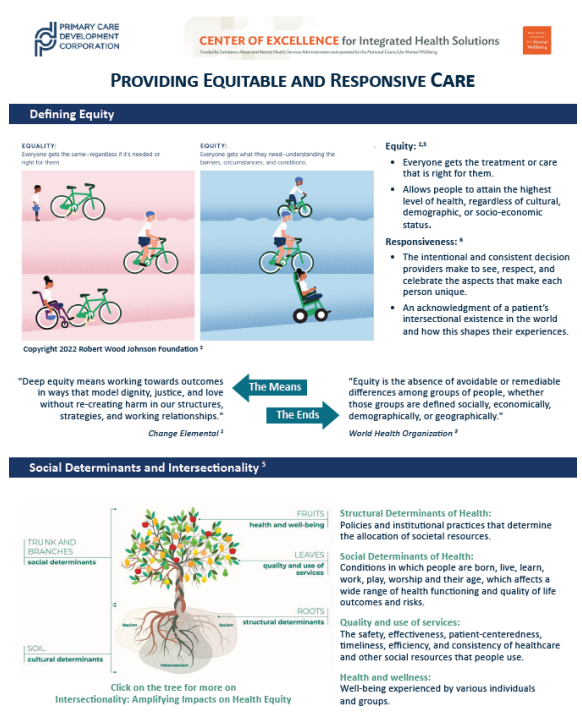
SAMHSA
Substance Abuse and Mental Health Services Administration

www.samhsa.gov

“Operationalizing Integration” Webinar Series Tip Sheets







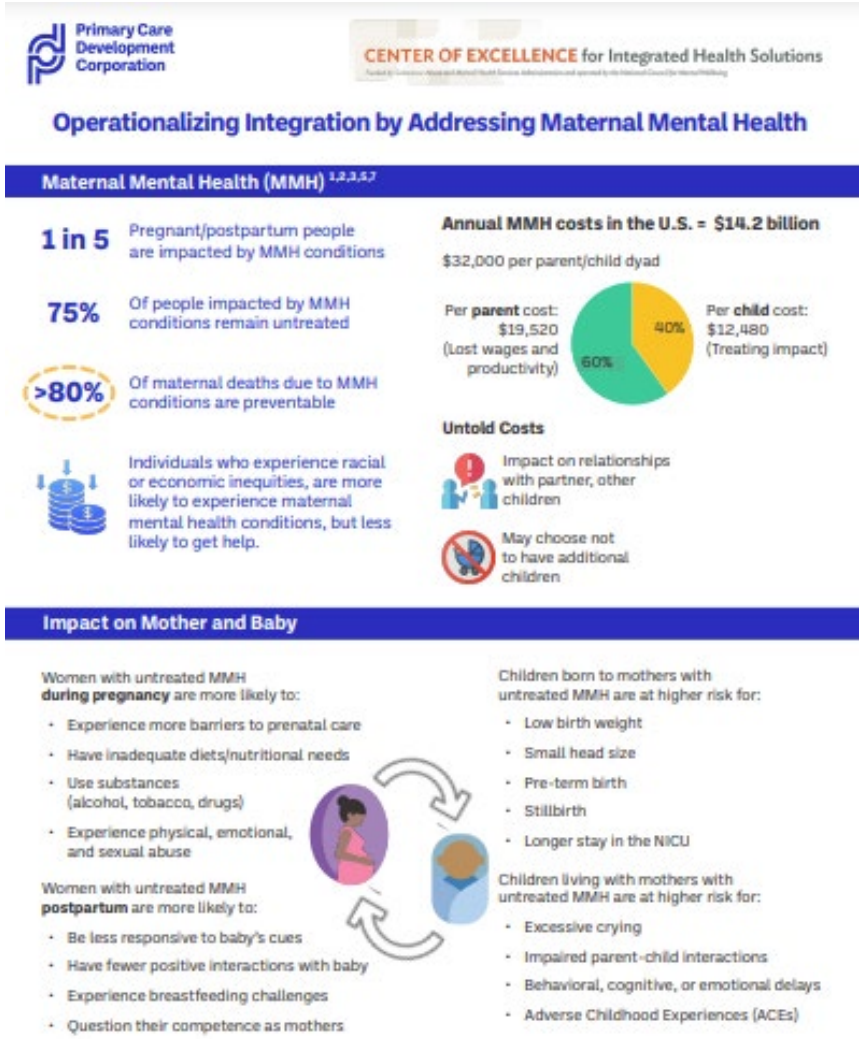
“Mitigating Burnout through Integrated Healthcare”
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/1.-Mitigating-Burnout-Tip-Sheet_Final.pdf

“Collaborative Care Management 101”
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/2.-Collaborative-Care-Management-Tip-Sheet_Final.pdf

“Maternal Mental Health Considerations”
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/3.-Maternal-Mental-Health-Tip-Sheet-_-Final-06.16.23.pdf

“Providing Equitable and Responsive Care”
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/4.-Equitable-and-Responsive-Care-Tip-Sheet-_-Final.pdf

“Operationalizing Integration” Webinar Series Tip Sheets



“Addressing Maternal Mental Health”
tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2024/01/MMH-Webinar-1_11.16.23_Tip-Sheet-1.24.24.pdf

Audience Demographics Poll

Do you work in a:

- Primary care setting
- Behavioral health setting
- Integrated care setting

Are you working primarily as a:

- MD/DO
- Nurse Practitioner/Registered Nurse
- Physician Assistant
- Medical Assistant
- Therapist
- Social Worker
- Care Manager
- QI Manager
- Informatics
- Other

Please rate your current skills and comfort with discussing primary and behavioral health care integration.

- Very Low
- Low
- Moderate
- High
- Very High

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Promoting Integration of Primary and Behavioral Health Care (PIPBHC) in Iowa

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PIPBHC Background

- SAMHSA grant awarded to Iowa HHS
  - 5-Year Grant (2018-2023 + 1 year No-Cost Extension)

- Overarching Goal - to improve primary and behavioral health outcomes for individuals with substance use disorders (SUD)
  - Provide integrated health services to 175 clients
  - Administer 140,000 substance use pre-screenings and 130,000 substance use screenings

PIPBHC Background, Contd.

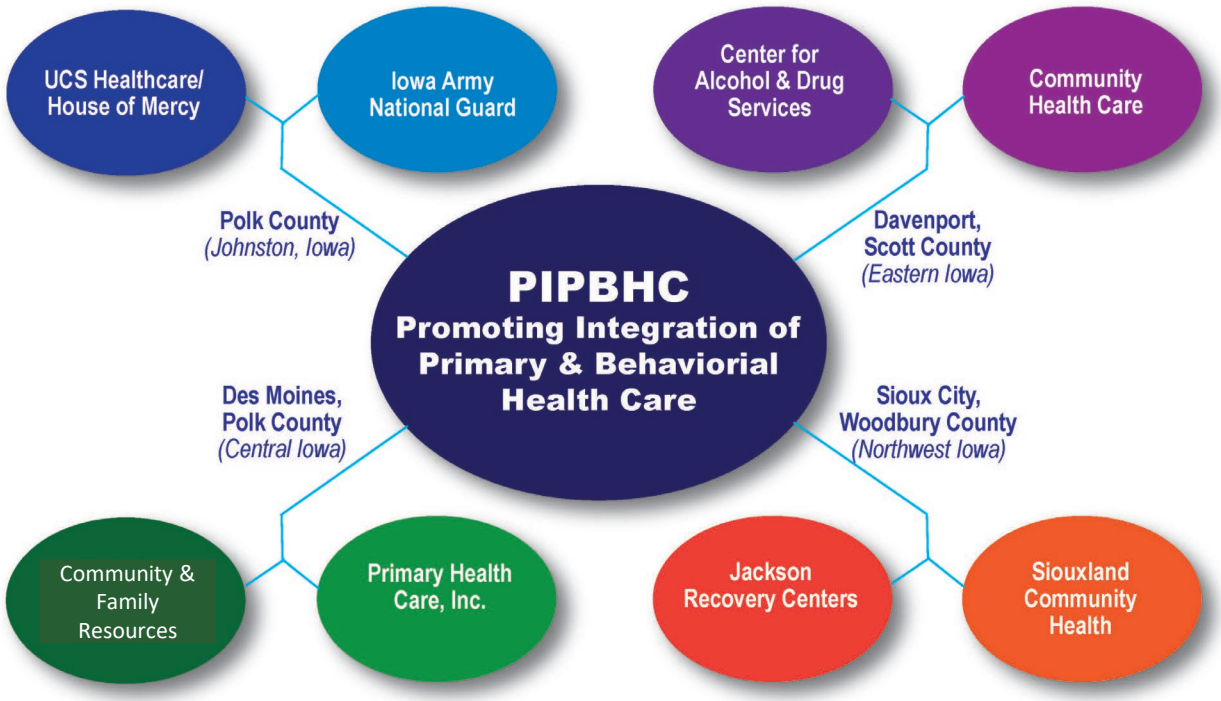
- Joint partnership between substance use disorder (SUD) treatment programs and Federally Qualified Health Centers (FQHCs) across the state (+ Iowa National Guard)
  - Provide whole-person, integrated care to address SUD and physical health through an Integrate Care Team (ICT)

- Builds off the progress made during Iowa's previous SBIRT project (in FQHCs and Iowa National Guard)

Iowa HHS

Iowa PCA

Iowa's Integration Project



Purpose:

1. To promote integration and collaboration in clinical practice between primary and behavioral healthcare.

2. Support the improvement of integrated care models for primary care and behavioral healthcare to improve overall wellness.

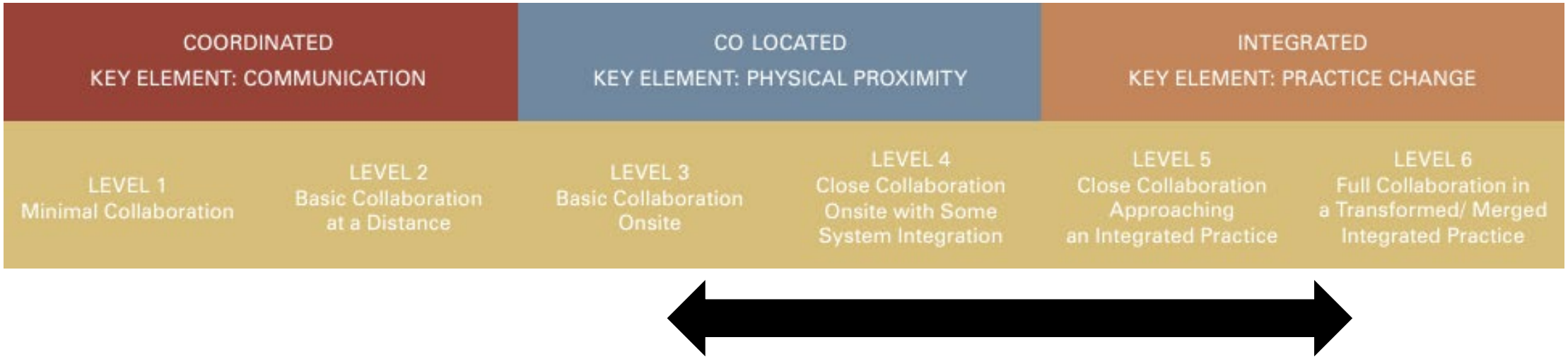
3. Promote and offer integrated care services related to screening, diagnosis, prevention and treatment of mental and substance use disorders and co-occurring physical health conditions and chronic diseases.

Sustainability Advisory Committee (formerly PSAC)

Unique Components of Iowa PIPBHC Model

- Started 1 year later than other projects at the time
- Involve more than 1 partnership
- Utilizes SUD agencies & FQHCs (vs. CMHCs & FQHCs)
- Modeled off the Nurse Care Manager model
- Iowa Licensure Regulations
  - SUD services are licensed at the facility level (vs. individual provider)
  - Mental Health licensure is at the individual provider level

SAMHSA Six Levels of Collaboration/Integration



Integrated Care Team (ICT)

September 30, 2018 - September 29, 2023

Purpose: To utilize a person-centered integrated care team approach to address the whole person's health and wellness.

The ICT will serve adults with substance use disorders as the special population of focus. Subpopulations of focus are:
1. Individuals with SUD and SMI, and
2. Individuals with SUD and chronic physical health conditions.

ICT is made up of:

- Nurse Care Manager (SUD) or Nurse Care Manager (FQHC)
- Substance Use Disorder and Mental Health Professional (FQHC)
- Certified Peer Support Specialist (Colocated)
- Care Coordinator (SUD)

FQHC:
- Nurse Care Manager
- SU/MI Professional

Co-located:
- Certified Peer Support Specialist

SUD treatment program:
- Nurse Care Manager
- Care Coordinator

Integrated Care Team (ICT)

- **Nurse Care Manager at FQHC will:**
  - Serve persons with co/multi-occurring conditions
  - Provide routine health screenings

- **SU/MI Professional at FQHC will:**
  - Serve persons with co/multi-occurring conditions
  - Provide screenings, assessment and care management to persons and have the ability to connect individuals to needed services (depends upon capacity of each contractor).

- **Certified Peer Support Specialist**
  - Co-located between SUD program and the FQHC
  - Provide both mental health peer support and recovery coaching

- **Nurse Care Manager at SUD treatment program will:**
  - Integrate physical health care into the continuum of services
  - Provide routine health screenings
  - *Population served:* clients served by SUD treatment program

- **Care Coordinator at SUD treatment program:**
  - Integrate physical health care into the continuum of services
  - Coordinate services, complete evaluation activities, perform GPRA and collection of IPP (infrastructiure development, prevention and mental health promotion) data
  - *Population served:* clients served by SUD treatment program

Proposed Implementation Approach

1. Promote integrated health care services through a bidirectional model utilizing an Integrated Care Team approach.

a. Iowa will co-locate a substance use disorder treatment/mental health professional at a Federally Qualified Health Center (FQHC) to enhance behavioral health services.

b. Iowa will provide a nurse care manager to provide comprehensive care management services at each partnering FQHC to work in tandem with the on-site SUD/MH treatment professional.

c. Iowa will enhance on-site physical health and care coordination services at the SUD treatment program through the hiring and training of a nurse care manager, care coordinator and a peer support specialist to further integrated services.

d. Iowa will provide integrated care services: screening, diagnosis, prevention and treatment of mental and substance use disorders, and co-occurring physical health conditions for 175 people annually.

November 2018

Proposed Implementation Approach

2. To support the improvement of integrated health care services provided to individuals with SUD, SMI and co-occurring health conditions.

a. Iowa will implement evidence based practices (Motivational Interviewing, SBIRT, Recovery Peer Coaching) to address behavioral health in primary care settings.

b. Iowa will implement general health screenings and align physical health practices with the goals of the Million Hearts Initiative into the continuum of care at the SUD treatment programs.

c. Iowa will develop a Policy Steering Committee to provide project oversight; modify policies to remove barriers to integrated care; and create guidelines for consistent integrated care practices for screening, diagnosis and service delivery. Additionally, the PSC will monitor EBP fidelity and continuous quality improvement; guide and improve consumer experience and the quality of care; and ensure program sustainability and scalability of grant activities.

d. Iowa will host Knowledge Transfer trainings for all providers (FQHC, SUD treatment program) to enhance bidirectional understanding of health care practices.

November 2018

Proposed Implementation Approach

3. To increase the number of integrated health care services provided to individuals with SUD, SMI and co-occurring health conditions.

a. Iowa will provide integrated health services to 175 clients with the Iowa Integration Project.

b. Iowa will increase outreach and awareness of integrated health care practices through the provision of 140,000 substance use pre-screenings and 130,000 substance use screenings to individuals.

c. Iowa will improve outcomes for Iowans with substance use disorders measured by fewer ER visits and inpatient hospitalizations for chronic conditions post initial screening.

d. Iowa will increase prevention and health promotion activities, recovery supports and wellness programs for adults with a substance use disorder and/or a mental health condition.

Proposed Implementation Approach

4. Implement an innovative and comprehensive care team approach between the Iowa Army National Guard (IAANG) and co-located substance use/mental health professionals.

a. Iowa will utilize Screening, Brief Intervention and Referral to Treatment (SBIRT) evidence based practices with 1,250 Soldiers annually.

b. Iowa will coordinate medical screenings (fitness tests, preventative health screenings) between the IAANG Nurse Care Managers and the co-located SUD treatment professionals and implement services (tobacco cessation, wellness groups).

c. Iowa will provide comprehensive coordination of psychiatric screenings (GADS-7, PHQ-9, PC-PTSD) between the IAANG Psychological Health Consultants and the colocated substance use disorder professionals and assist with referrals as needed by Guard Command.

What does the patient receive?

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Focused Attention

Project allows for focused attention to support whole person health through:

- Consultation and time to work with the Integrative Care Team (nurses, therapists, recovery coaches, and other specialists)
- Wellness activities focused on nutrition, exercise and whole health management
- Incentive for completion of the follow-up interview
- Collaboration with a Recovery Peer Coach
- Recovery Support Services

The Enrollment Process

Screenings

- Perform a variety of health screenings
  - Vital signs, Cholesterol, Blood Sugar, Carbon Monoxide, Anxiety, Depression & PTSD, ACEs

Evaluation

- Interviews – Intake, 6 months, and discharge from the program
  - Non-cash incentive at 6-month follow-up interview

Linkage to Care

Discuss health goals to help determine appropriate services

- SUD Treatment
- Brief Treatment for Substance Use Concerns
- Recovery Support Services
- Nutritional Counseling
- Mental Health Therapy
- Peer Support
- Occupational Therapy
- Tobacco Cessation
- Infectious Disease Treatment
- Primary Care Physicians

Recovery Support Services

- Supports to help people enter into and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice.
- Services include:
  - Childcare
  - Education
  - Transportation
  - Recovery Peer Coaching
  - Supplemental Needs
  - Vocational Training

Strengths, Challenges & Opportunities

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Grant Activities to Support Success

- Weekly care team care coordination meetings
- Annual site visits
  - Assess barriers to implementation and work with site to define/determine sustainability goals
- Monthly provider calls
  - Identify barriers to implementation and sustainability of integrated care and facilitate communication between organizations and providers to improve coordination of care

- Data Collection
  - Monthly
    - Training of PIPBHC funded staff in evidence-based practices
    - # of services provided
    - ER and inpatient hospitalization admission & discharge
  - Quarterly
    - # of integrated health care services provided
    - Current prevention, recovery services, and wellness and health promotion activities
  - Annual data collection
    - Outcomes and impacts on physical health

Strengths

- Strong evidence to support bi-directional integration of primary & behavioral health care
- Creation of Iowa HHS
  - Alignment of Iowa Department of Human Services (housed mental health services) & Iowa Department of Public Health (housed substance use services) to create Iowa Health and Human Services (Iowa HHS) commenced in FY2021
- Leadership and legislative support at state and the PCA
- Strong partnership between Iowa HHS & Iowa PCA
- Project well-received by partners
- All three FQHC + SUD partnerships & IAANG partnership have successfully served and met majority of project work plan requirements
- Positive experience reported from participants

Challenges & Opportunities

Challenges

- Integrated care is complex and defined differently dependent upon the environment (FQHC vs. SUD)
- COVID
- FQHC service disruption during transition to Epic EHR
- Funding constraints in SUD agencies and with FQHC PPS
- Sustainability

Opportunities

- Leadership support in partnership agencies to sustain relationships and some positions beyond grant funding
- Growth of value-based and alterative payment models (APM)
- Iowa PCA BH ECHO
- Integrated Provider Network (IPN) supports growth towards more integrated care

Pivots

Late Implementation

Partnership Development

COVID

Provider & Patient Experience

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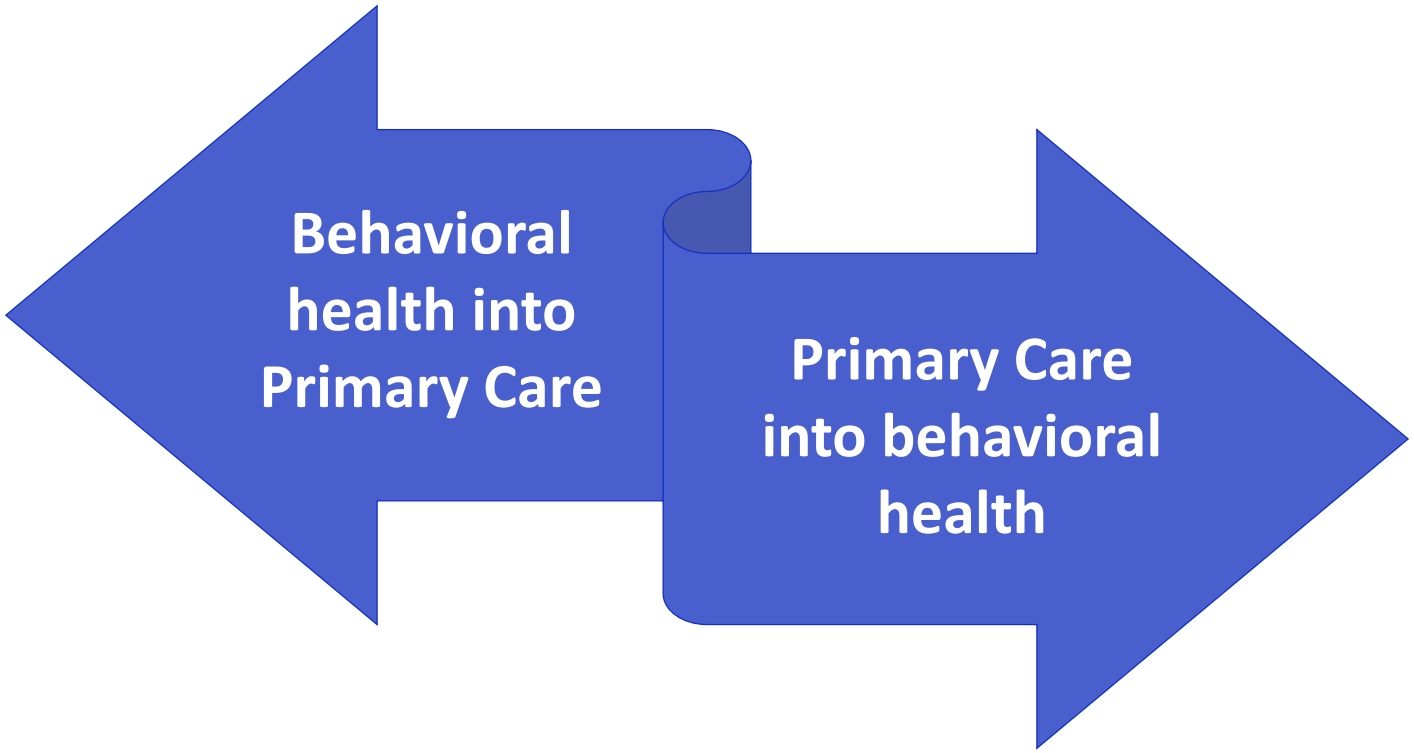
Comprehensive Health Integration (CHI) Framework and Learning Collaborative

Henrietta Croswell, MPH

- Background to CHI Bi-Directional Model
- Overview of CHI Framework
- CHI Learning Collaborative
- Next Steps

Bi-Directional Integration is Critical



Why do we need a new framework now?

People living with co-occurring Physical Health, Behavioral Health, and SDOH needs:

- Have higher costs yet experience poorer health outcomes
- Are faced with significant inequities based on racial, ethnic, and economic challenges across all settings
- Are likely to benefit from evidence-based integrated interventions in whatever setting they are best engaged
- Benefit from higher levels of service intensity

Despite the progress of knowledge about PH/BH integration, broad uptake remains more limited than the need for these services.

Source: Comprehensive Healthcare Integration Framework.

Policy and Implementation Barriers

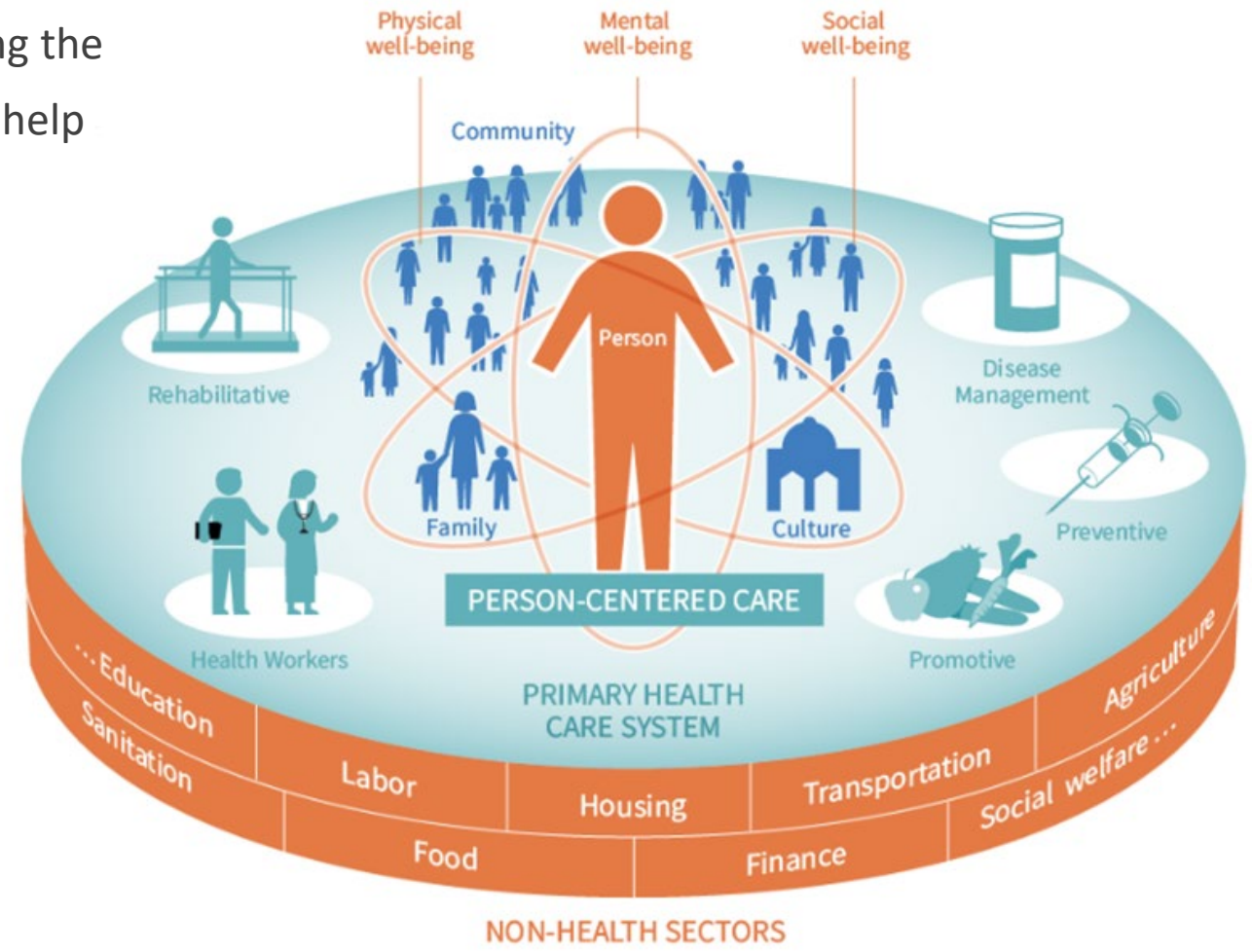
- Lack of flexibility in implementation of integrated services
- Lack of appropriate bi-directional measures of progress in “integratedness”

- Lack of connection of “integratedness” to value
- Lack of financing to support either implementation or sustainability

What is the CHI Framework?

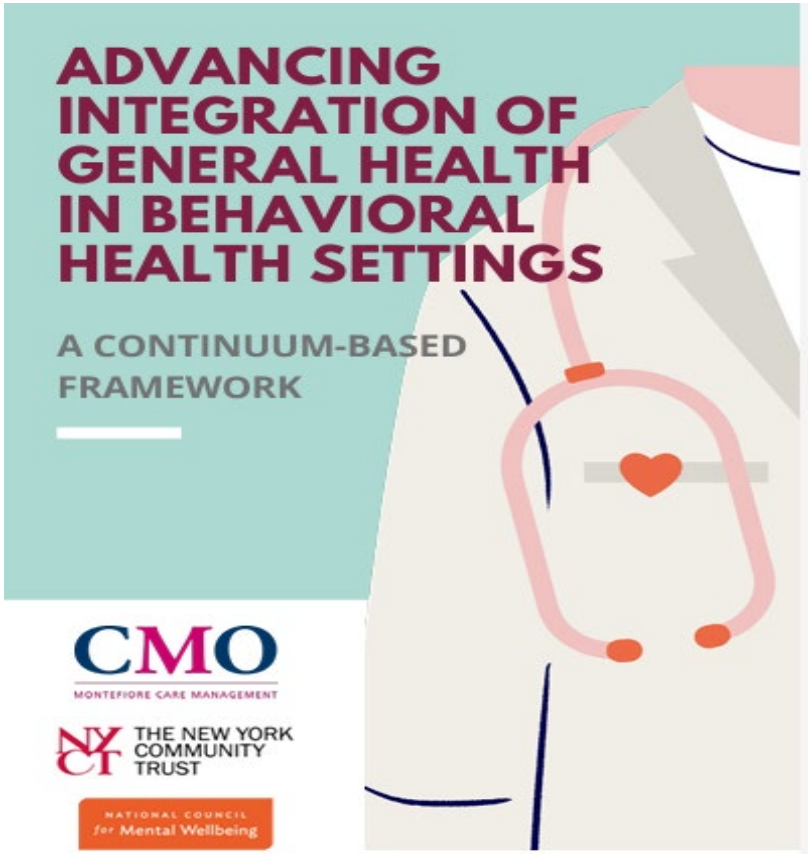
The CHI Framework provides guidance on implementing the integration of physical health and behavioral health to help providers, payers and population managers:

- Measure progress and facilitate improvement in organizing delivery of integrated services (“integratedness”)
- Demonstrate the value produced by progress in integrated service delivery
- Provide initial and sustainable financing for integrated service delivery



Source: Comprehensive Healthcare Integration Framework.

The CHI Framework expands on the General Health Integration (GHI) Framework for BH organizations and Behavioral Health Integration (BHI) Framework for Primary Care Organizations



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Chung, H., Smali, E., Goldman, M.L., Pincus, H.A. (2019). Evaluation of a ContinuumBased Behavioral Health Integration Framework Among Small Primary Care Practices in New York State: Practice and Policy Findings and Recommendations. Retrieved from: https://uhfnyc.org/media/filer_public/61/87/618747cf-9f4b-438d-aaf7-6feff91df145/bhi_finalreport.pdf

Characteristics of the CHI Framework

- ✓ Broad application to both PH and BH settings, and adult and child populations
- ✓ Evidence-based domains of integration
- ✓ Measurable standards for integration
- ✓ Self-Assessment Tool
- ✓ Flexibility of achieving successful progress in integration
- ✓ Connection of progress in integration to metrics demonstrating value
- ✓ Connection of payment methodologies to improving value by improving and sustaining integration

Components of the CHI Framework

- **Eight Domains** – Care processes related specifically to addressing physical health and behavioral health issues in an integrated manner.
- **Three Stages** - Each Integration Stage describes an organized approach that has several evidence-based or consensus supported core service elements for “integratedness” tied to the indicators on the Eight Domains, each of which can be implemented flexibly depending on the capabilities of a provider organization and the priority needs of the population served.
- **Integration Metrics** – Measuring the degree of integratedness in care delivery and the improvement in outcomes from implementing integration that ties each Integration Stage to Value.
- **Integration Payment Methods** – Demonstrating how to cover costs of implementing and sustaining integration for each Integration stage, incentivizing creating value through financing integration.

Eight Domains of Integration

Screening, Referral, and Follow-up

Prevention and Treatment of Common Conditions

Continuing Care Management

Self-Management Support

Interdisciplinary Teamwork

Systematic Measurement and Quality Improvement

Linkage with Community and Social Services

Sustainability

CHI Learning Collaborative

Timeframe

- Launched on 1/18
- 7-month Learning Collaborative

Two States

- Texas
- Kansas

Gains

- Scale CHI among state and behavioral health and primary care provider organizations
- Test revised CHI Framework as a self-assessment tool
- Tailored consultation and technical support
- Stipend provided to each participating program/clinic

Next Steps: What can you do?

Discuss with your team what support you need

Decide what steps are necessary

Post-presentation Poll

After attending this webinar, please rate your current skills and comfort with discussing primary and behavioral health care integration.

- **Very Low**
- **Low**
- **Moderate**
- **High**
- **Very High**

Office Hours

CoE-IHS Upcoming Events & Helpful Links

Feb 15

From 12-1pm ET

Equity in Action Session

Register Here

Feb 29

From 2-3 pm ET

CoE Webinar: Pediatric Integration Webinar Series #4

Young Adults Integration Opportunities

Register Here

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New ECHO Opportunity — Support Youth in Rural Settings

Kicking off in late February, this **six-session ECHO** learning collaborative will feature **didactic presentations and case discussions related to the following:**

- **Session 1: Trends in Whole Person Health Among Youth in Rural Communities**
- **Session 2: Providing Integrated Care Among Youth in Rural Communities**
- **Session 3: Enhancing Safety Among Youth in Integrated Care Services**
- **Session 4: Community Partnerships (with Faith-based and Spiritual Settings, Schools, other Community Groups) and Family Supports**
- **Session 5: Youth and Provider Lived Experiences: Receiving Health Care Services**
- **Session 6: Strategies for Supporting Health Providers and Addressing Workforce**
- **Challenges**
- **Session 7: Trends in Whole Person Health Among Youth in Rural Communities**

Submit ECHO Application

FAQ

Apply by Fri, Feb 2, 2024

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Contact Us

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